

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

**CHANGE OF BUSINESS NAME
FOR
WATER WELL DRILLING CONTRACTOR/PUMP INSTALLER**

Contractor Information:

NAME _____ REG. NO. _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

SIGNATURE _____ DATE _____

(Registered Contractor)

New Business Name:

FIRM NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

LOCATION OF PHONE _____ COUNTY _____

Email ADDRESS _____

BUSINESS TYPE: Sole Owner, Partnership, Corporation, Government,
Other _____

POSITION WITH BUSINESS: Sole Owner, President, Vice President, Supervisor, Partner,
Full Time Employee, Other _____

Old Business Name:

FIRM NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

*Attach a copy of the new **Certificate of Assumed Name or d.b.a.** (Doing Business As), which has been submitted to the county clerk. Send the completed form and d.b.a. to MDEQ, Water Bureau, Drinking Water & Environmental Health Section, Well Construction Unit, P.O. Box 30273, Lansing, MI 48909-7773 or Fax to 517-241-1328*